

# Exhibit H



Commonwealth of the Northern Mariana Islands  
DIVISION OF LABOR  
P.O. Box 10007, Saipan, MP 96950

### DECLARATION OF ACCEPTING EMPLOYER

I, \_\_\_\_\_ of \_\_\_\_\_, located in the CNMI,  
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)  
declare under penalty of perjury that I knowingly and freely accept the transfer of  
employment of \_\_\_\_\_ of the \_\_\_\_\_, from  
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)  
\_\_\_\_\_ the Employer of Record. Furthermore, I hereby declare  
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
Furthermore, I hereby declare that the above named transferee will be under my employment as a  
\_\_\_\_\_ and that I will be responsible for the payment of all  
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. \_\_\_\_\_ Surety Bond Co./No. \_\_\_\_\_

### CONDITIONAL GRANT OF TRANSFER

The transfer of the employee \_\_\_\_\_  
to \_\_\_\_\_ Accepting Employer  
is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of \_\_\_\_\_

The Employee's Work Days and Hours shall be \_\_\_\_\_ to \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_, for a total of \_\_\_\_\_ hours per week.

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
agrees to pay the Employee compensation in the amount of:

1. \$ \_\_\_\_\_ per \_\_\_\_\_ and
2. \$ \_\_\_\_\_ per \_\_\_\_\_ for overtime compensation payable by check  
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

**All other contract provisions, obligations and restrictions** including termination or  
employment shall be controlled by the terms and conditions of the attached employment contract  
signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /  
accompanying application shall be denied later should the Accepting employer fail to comply  
with all requirements of law, regulation and policy within the standard time allowed in order to  
obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day  
of denial issuance. However, if for any reason the application is neither approved nor denied by the  
Division, this conditional transfer will expire one year from the date the conditional transfer is  
approved.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Accepting Employer: Print Name and Sign  
Title: \_\_\_\_\_

Employee: Print Name and Sign \_\_\_\_\_

IN WITNESS WHEREOF, I hereunto set my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

SEUNG-HEE CINDY YU  
NOTARY PUBLIC  
Commonwealth of the Northern Mariana Islands  
My Commission Expires: \_\_\_\_\_

NOTARY PUBLIC



Commonwealth of the Northern Mariana Islands

DIVISION OF LABOR

P.O. Box 10007, Saipan, MP 96950

**DECLARATION OF ACCEPTING EMPLOYER**

I, PARK, HWA SUN of ASIA ENTERPRISES INC., located in the CNMI,  
 (NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)  
 declare under penalty of perjury that I knowingly and freely accept the transfer of  
 employment of LI, ZHENGZHE, of the CHINA, from  
 (NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)  
JURG JIN CORPORATION the Employer of Record. Furthermore, I hereby declare  
 that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
 Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
 Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
 Furthermore, I hereby declare that the above named transferee will be under my employment as a  
GENERAL SUPERVISOR and that I will be responsible for the payment of all  
 applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. 132618 Surety Bond Co./No. 01C 20113

**CONDITIONAL GRANT OF TRANSFER**

The transfer of the employee LI, ZHENGZHE  
 to ASIA ENTERPRISES INCORPORATED Accepting Employer  
 is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
 No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of  
GENERAL SUPERVISOR

The Employee's Work Days and Hours shall be MONDAY to SUNDAY,  
 from FLEXIBLE HOURS, for a total of NLT 40 hours per week. (1 day off)

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
 agrees to pay the Employee compensation in the amount of:

1. \$ 3.05 per hour and
2. \$ x 1.5 per hour for overtime compensation payable by check  
 in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

All other contract provisions, obligations and restrictions including termination or  
 employment shall be controlled by the terms and conditions of the attached employment contract  
 signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /  
 accompanying application shall be denied later should the Accepting employer fail to comply  
 with all requirements of law, regulation and policy within the standard time allowed in order to  
 obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
 Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
 liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
 outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day  
 of denial issuance. However, if for any reason the application is neither approved nor denied by the  
 Division, this conditional transfer will expire one year from the date the conditional transfer is  
 approved.

Date: Jan. 21, 2005Date: Jan. 21, 2005

PARK, HWA SUN

Accepting Employer: Print Name and Sign  
 Title: SECRETARY

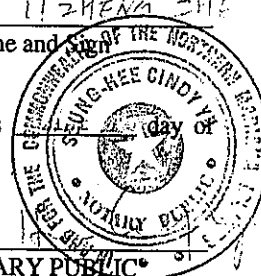
LI, ZHENGZHE LI ZHENG ZHE  
 Employee: Print Name and Sign

IN WITNESS WHEREOF, I hereunto set my hand and official seal this  
JAN., 2005.

SEUNG-HEE CINDY VIT  
 NOTARY PUBLIC

Commonwealth of the Northern Mariana Islands  
 My Commission expires Oct. 31, 2006

NOTARY PUBLIC



01252



Commonwealth of the Northern Mariana Islands  
DIVISION OF LABOR  
P.O. Box 10007, Saipan, MP 96950

**DECLARATION OF ACCEPTING EMPLOYER**

I, PARK, HWA SUN of ASIA ENTERPRISES INC., located in the CNMI,  
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)  
declare under penalty of perjury that I knowingly and freely accept the transfer of  
employment of RU, JINGJIE, of the CHINA, from  
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)  
ASIA ENTERPRISES INCORPORATION the Employer of Record. Furthermore, I hereby declare  
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
Furthermore, I hereby declare that the above named transferee will be under my employment as a  
COMMERCIAL CLEANER and that I will be responsible for the payment of all  
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. 191084 Surety Bond Co./No. 1000000000

**CONDITIONAL GRANT OF TRANSFER**

The transfer of the employee RU, JINGJIE  
to ASIA ENTERPRISES INCORPORATED Accepting Employer  
is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of  
COMMERCIAL CLEANER.

The Employee's Work Days and Hours shall be MONDAY to FRIDAY,  
from FLEXIBLE HOURS to 5:00 PM, for a total of NLT 40 hours per week.

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
agrees to pay the Employee compensation in the amount of:

1. \$ 3.05 per hour and
2. \$ 8.15 per hour for overtime compensation payable by check  
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

All other contract provisions, obligations and restrictions including termination or  
employment shall be controlled by the terms and conditions of the attached employment contract  
signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /  
accompanying application shall be **denied later** should the Accepting employer **fail to comply**  
**with all requirements** of law, regulation and policy **within the standard time allowed** in order to  
obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day  
of denial issuance. However, if for any reason the application is neither approved nor denied by the  
Division, this conditional transfer will expire one year from the date the conditional transfer is  
approved.

Date: 07/10/2005

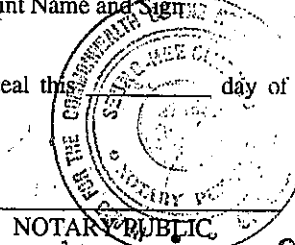
Date: 07/11/2005

Accepting Employer: Print Name and Sign  
Title: SECRETARY

Employee: Print Name and Sign

IN WITNESS WHEREOF, I hereunto set my hand and official seal this 11 day of  
July, 2005.

SEUNG-HEE CINDY YU  
NOTARY PUBLIC  
Commonwealth of the Northern Mariana Islands  
My Commission expires 07/11/2006



01231



Commonwealth of the Northern Mariana Islands  
**DIVISION OF LABOR**  
 P.O. Box 10007, Saipan, MP 96950

### DECLARATION OF ACCEPTING EMPLOYER

I, PARK, HWA SUN, President of JUNG JIN CORPORATION, located in the CNMI,  
 (NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)  
 declare under penalty of perjury that I knowingly and freely accept the transfer of  
 employment of XU, JINGJI, of the CHN, from  
 (NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)  
Yuns Corporation the Employer of Record. Furthermore, I hereby declare  
 that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
 Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
 Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
 Furthermore, I hereby declare that the above named transferee will be under my employment as a  
COMMERCIAL CLEANER and that I will be responsible for the payment of all  
 applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. 191082

Surety Bond Co./No. RCIC 28920  
PLCI 20662

### CONDITIONAL GRANT OF TRANSFER

The transfer of the employee XU, JINGJI  
 to JUNG JIN CORPORATION Accepting Employer  
 is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
 No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of  
COMMERCIAL CLEANER

The Employee's Work Days and Hours shall be Monday to Sunday,  
 from FLEXIBLE HOURS, for a total of NLT 40 hours per week (1 day off/wk)

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
 agrees to pay the Employee compensation in the amount of:

1. \$ 3.05 per hour and
2. \$ x 1.5 per hour for overtime compensation payable by check  
 in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

**All other contract provisions, obligations and restrictions including termination or  
 employment shall be controlled by the terms and conditions of the attached employment contract  
 signed by the employer and employee.**

**Both the Accepting Employer and the Employee understand this conditional transfer /  
 accompanying application shall be denied later should the Accepting employer fail to comply  
 with all requirements of law, regulation and policy within the standard time allowed in order to  
 obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
 Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
 liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
 outside the Commonwealth and the employee shall depart on the next available flight.**

If the application is denied by the Division, this conditional transfer will also expire the same day  
 of denial issuance. However, if for any reason the application is neither approved nor denied by the  
 Division, this conditional transfer will expire one year from the date the conditional transfer is  
 approved.

Date: 12-29-2003

Date: 12-29-2003

Park Hwa Sun  
 Park, Hwa Sun

XU JINGJI  
 Xu, Jingji

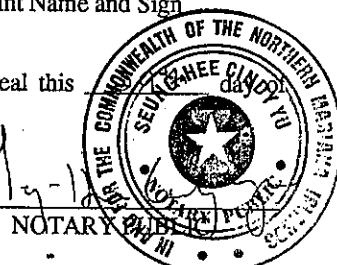
Accepting Employer: Print Name and Sign  
 Title: President

Employee: Print Name and Sign

IN WITNESS WHEREOF, I hereunto set my hand and official seal this  
Dec., 2003

SEUNG-HEE CINDY  
 NOTARY PUBLIC

Commonwealth of the Northern Mariana Islands  
 My Commission expires: Oct 31, 2004



12/31/03  
 Approval Date

[Signature]  
 Director of Labor/Dee

01240





Commonwealth of the Northern Mariana Islands  
DIVISION OF LABOR  
P.O. Box 10007, Saipan, MP 96950

### DECLARATION OF ACCEPTING EMPLOYER

I, PARK, HWA SUN, PRESIDENT of JUNG JIN CORPORATION, located in the CNMI,  
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)  
declare under penalty of perjury that I knowingly and freely accept the transfer of  
employment of LI, YINGHUA, of the CNMI, from  
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)  
Mariana Faching the Employer of Record. Furthermore, I hereby declare  
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
Furthermore, I hereby declare that the above named transferee will be under my employment as a  
COMMERCIAL CLEANER and that I will be responsible for the payment of all  
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. 164717

Surety Bond Co./No. RCIC 28919  
VICI 2063

### CONDITIONAL GRANT OF TRANSFER

The transfer of the employee LI, YINGHUA  
to JUNG JIN CORPORATION Accepting Employer  
is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of  
COMMERCIAL CLEANER.

The Employee's Work Days and Hours shall be Monday to Sunday,  
from FLEXIBLE HOURS, for a total of NLT 40 hours per week. 1 day off.

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
agrees to pay the Employee compensation in the amount of:

1. \$ 3.05 per hour and
2. \$ x 1.5 per hour for overtime compensation payable by check  
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

All other contract provisions, obligations and restrictions including termination or  
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signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /  
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with all requirements of law, regulation and policy within the standard time allowed in order to  
obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day  
of denial issuance. However, if for any reason the application is neither approved nor denied by the  
Division, this conditional transfer will expire one year from the date the conditional transfer is  
approved.

Date: 12-29-2003

Park Hwa Sun  
Park, Hwa Sun

Accepting Employer: Print Name and Sign  
Title: President

Date: 12-29-2003

Li Yinghua

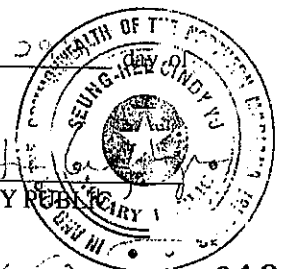
Li, Yinghua  
Employee: Print Name and Sign

IN WITNESS WHEREOF, I hereunto set my hand and official seal this 29  
Dec, 2003.

SEUNG-HEE CINDY  
NOTARY PUBLIC

Commonwealth of the Northern Mariana Islands  
My Commission expires 09-31-2004

NOTARY PUBLIC



01/14/04

Approval Date

Director of Labor/Immigration

01227



Commonwealth of the Northern Mariana Islands

## DIVISION OF LABOR

P.O. Box 10007, Saipan, MP 96950

**DECLARATION OF ACCEPTING EMPLOYER**

I, PARK, HWA SUN President of JUNG JIN CORPORATION, located in the CNMI,  
(NAME OF AUTHORIZED SIGNATORY) (CORPORATION/BUSINESS NAME)

declare under penalty of perjury that I knowingly and freely accept the transfer of  
employment of XU, JINGJI of the CHN, from  
(NAME OF EMPLOYEE) (COUNTRY OF ORIGIN)

JUNG JIN CORPORATION the Employer of Record. Furthermore, I hereby declare  
that I will assume all duties, responsibilities, obligations, etc., of an Employer of Non-resident  
Worker as required and provided under the Non-resident Workers Act, Minimum Wage and Hour  
Act and the CNMI Alien Labor Rules and Regulations, C.R. Vol. 10, No. 4 (April 15, 1988), et seq.  
Furthermore, I hereby declare that the above named transferee will be under my employment as a  
COMMERCIAL CLEANER and that I will be responsible for the payment of all  
applicable fees to effectuate this Transfer and that I knowingly assume all liabilities.

Entry Permit No. 191082Surety Bond Co./No. RCIC 28920  
PIC 20662**CONDITIONAL GRANT OF TRANSFER**

The transfer of the employee XU, JINGJI  
to JUNG JIN CORPORATION Accepting Employer  
is hereby **CONDITIONALLY GRANTED** as of this date pursuant to Section 3(b) of Public Law  
No. 11-6 and Section 5 (b) of P.L. 12-11, to perform services in the job category of  
COMMERCIAL CLEANER.

The Employee's Work Days and Hours shall be Sunday to Sunday,  
from FLEXIBLE HOURS for a total of NOT 40 hours per week (1 day off/wk)

**Compensation:** In consideration of the services to be performed by the Employee, the Employer  
agrees to pay the Employee compensation in the amount of:

1. \$ 3.05 per hour and
2. \$ x 1.5 per hour for overtime compensation payable by check  
in bi-weekly intervals.
3. Other compensation, specify amount and method of calculation.

All other contract provisions, obligations and restrictions including termination or  
employment shall be controlled by the terms and conditions of the attached employment contract  
signed by the employer and employee.

Both the Accepting Employer and the Employee understand this conditional transfer /  
accompanying application shall be **denied later** should the Accepting employer fail to comply  
with all requirements of law, regulation and policy within the standard time allowed in order to  
obtain a Work/Entry Permit. Should the application be denied or should either the employee or  
Accepting Employer terminate the employment relationship, the Accepting Employer shall be  
liable for/required to purchase a one-way ticket to the employee's original point of recruitment  
outside the Commonwealth and the employee shall depart on the next available flight.

If the application is denied by the Division, this conditional transfer will also expire the same day  
of denial issuance. However, if for any reason the application is neither approved nor denied by the  
Division, this conditional transfer will expire one year from the date the conditional transfer is  
approved.

Date: 12-29-2003Date: 12-29-2003

Park Hwa Sun  
Park, Hwa Sun

XU Jingji  
Xu, Jingji

Accepting Employer: Print Name and Sign

Employee: Print Name and Sign

Title: President

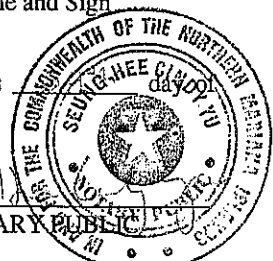
IN WITNESS WHEREOF, I hereunto set my hand and official seal this

Dec., 2003SEUNG-HEE CINDY  
NOTARY PUBLIC

Commonwealth of the Northern Mariana Islands

My Commission expires: Oct 31, 2004

NOTARY PUBLIC



12/31/03  
Approval Date

[Signature]  
Director of Labor/Designee

00270

# Exhibit I



Government of the Northern Mariana Islands Department of Public Safety Bureau of Motor Vehicle							R84374	
ACF873	03/10/05	5	TOYO	TACOMA	PTRK	SILV	4500	
5TENX22N35Z025455				0072175		4	3	
INTL. INS. POL: KMA05419S01 EXP: 08/19/2005								
PARK, HWA-SUN				SAIPAN				
PO BOX 503428 CHALAN KANOA				SAIPAN		MP	96950	
PARK, HWA-SUN				Capt. Pedro C. Muna				
<p><b>ENDORSEMENTS FOR TRANSFER OF OWNERSHIP - READ CAREFULLY</b> - The registered owner as shown on this Certificate releases interest by signing line 1. The legal owner releases interest by signing line 2. If one person is both legal and registered owner, sign both lines. Purchaser, if dealer, must follow instructions on lines 3 and 4. Purchaser, if not dealer, must follow instructions on lines 5, 6, 7 and 8 and give date of purchase. Line 9 indicates lienholder or legal owner. All signatures must be in ink.</p>								
<b>PART A</b> Release of Ownership of Interest DATE OF RELEASE		<i>Park Hwa Sun</i> <i>Park Hwa Sun</i>			<b>PART C</b> Application for Transfer of Registration to Purchaser  <b>LIEN HOLDER</b>		<i>PIL SUN KIM KITAMI</i> <b>LIEN HOLDER</b> <i>PIL KITAMI</i> <b>PO BOX 502879 SAIPAN MP</b>	
<b>PART B</b> Endorsement by Dealer(s) Acquiring Vehicle Through Trade or Purchase		Dir. No.  Dir. No.			Date of Purchase  yes or no      If yes, name city		yes or no      If yes, name city	
Immediately after legal owner releases interest, or after any other change in ownership or interest, this Certificate together with the issued Registration Card must be presented to Department of Public Safety, Bureau of Motor Vehicle for transfer. This intended transfer is incomplete and not valid until new Certificate has been issued.					<b>PART D</b> Lienholder or Legal Owner.		<i>PIL SUN KIM KITAMI</i> <b>PO BOX 502879 SAIPAN MP</b>	

OWNER'S COPY

Rev. (08/97)

Government of the Northern Mariana Islands Department of Public Safety Bureau of Motor Vehicle							R84374	
ACF873	01/20/06	5	TOYO	TACOMA	PTRK	SILV	4500	
5TENX22N35Z025455				0072175		4	3	
INTL. INS. POL: KMA05419S01 EXP: 08/19/2005 DO NOT TRANSFER								
PARK, HWA-SUN				SEE JUANA ASAP				
PO BOX 503428 CHALAN KANOA				SAIPAN		MP	96950	
PIL SUN KIM KITAMI				Gregory F. Castro				
<p><b>ENDORSEMENTS FOR TRANSFER OF OWNERSHIP - READ CAREFULLY</b> - The registered owner as shown on this Certificate releases interest by signing line 1. The legal owner releases interest by signing line 2. If one person is both legal and registered owner, sign both lines. Purchaser, if dealer, must follow instructions on lines 3 and 4. Purchaser, if not dealer, must follow instructions on lines 5, 6, 7 and 8 and give date of purchase. Line 9 indicates lienholder or legal owner. All signatures must be in ink.</p>								
<b>PART A</b> Release of Ownership of Interest DATE OF RELEASE					<b>PART C</b> Application for Transfer of Registration to Purchaser			
<b>PART B</b> Endorsement by Dealer(s) Acquiring Vehicle Through Trade or Purchase		Dir. No.  Dir. No.			Date of Purchase  yes or no      If yes, name city		yes or no      If yes, name city	
Immediately after legal owner releases interest, or after any other change in ownership or interest, this Certificate together with the issued Registration Card must be presented to Department of Public Safety, Bureau of Motor Vehicle for transfer. This intended transfer is incomplete and not valid until new Certificate has been issued.					<b>PART D</b> Lienholder or Legal Owner.			

BUREAU OF MOTOR VEHICLE'S COPY

Rev. (08/97)

01759



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES**


☒ SAIPAN

☐ TINIAN

☐ ROTA

**VEHICLE REGISTRATION APPLICATION**

**9 CMC, Division 2, Subsection 2101. Registration: Application.**

Every owner of a motor vehicle shall, before operating any such motor vehicle on any highway of the Commonwealth, register it with the Bureau. The application for registration shall be made on the prescribed form, signed by the owner or authorized representative with written authorization.

RENEWAL WITH NO CHANGE: Indicate license plate number only.

HAS THIS VEHICLE BEEN MODIFIED OR CHANGED FROM DESIGN? If yes, explain or furnish an affidavit regarding modification/change: **NO**

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> CNMI GOVERNMENT	DATE: _____
<input checked="" type="checkbox"/> USED	<input type="checkbox"/> TRANSFER	<input checked="" type="checkbox"/> NON-COMMERCIAL	<input type="checkbox"/> U.S. GOVT./U.S. MILITARY	RECEIVED BY: _____
<input checked="" type="checkbox"/> CHANGE OF INFORMATION				RECEIPT NO. _____

<b>OWNER #1 PLEASE CHECK:</b> ( ) And OR ( ) Or					
NAME: (Last)	(First)	(Middle Name)	EMPLOYER	SOCIAL SECURITY NO.	DATE OF BIRTH
<b>PARK</b>	<b>HWA-SUN</b>			<b>586-96-5772</b>	<b>10/17/1953</b>
ADDRESS: (RESIDENCE)	MAILING ADDRESS	DRIVER'S LICENSE NO.	CITIZENSHIP	ETHNIC	TELEPHONE NO.
<b>Chalan Kanoa</b>	<b>POB 503428</b>	<b>CNMI #2794-91</b>	<b>Korea</b>	<b>Korea</b>	<b>235-4321/483-4321</b>

<b>OWNER #2 PLEASE CHECK:</b> ( ) And OR ( ) Or					
NAME: (Last)	(First)	(Middle Name)	EMPLOYER	SOCIAL SECURITY NO.	DATE OF BIRTH
ADDRESS: (RESIDENCE)			MAILING ADDRESS	DRIVER'S LICENSE NO.	CITIZENSHIP
BUSINESS/COMPANY NAME			BUSINESS LOCATION	MAILING ADDRESS	TELEPHONE NO.

<b>PLEASE CHECK:</b> ( ) LEGAL OWNER (X) LIEN HOLDER		
NAME OF LEGAL OWNER OR LIENHOLDER #1	ADDRESS	TELEPHONE NO.
<b>Pil Sun Kim Kitami</b>	<b>P.O. Box 502879, Saipan, MP 96950</b>	<b>322-0440</b>
BUSINESS/COMPANY NAME	ADDRESS	TELEPHONE NO.

<b>VEHICLE INFORMATION</b>									
RIGHT HAND DRIVE: Y _____ N _____									
LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY TYPE	COLOR	WEIGHT	FUEL	CAPACITY	
<b>ACF873</b>	<b>2005</b>	<b>TOYOTA</b>	<b>Tacoma</b>	<b>PTRK</b>	<b>SILV</b>	<b>4500</b>		<b>3</b>	
VEHICLE IDENTIFICATION		ENGINE NO.	CYLINDERS	VEHICLE TYPE	PREVIOUS LICENSE NO. AND STATE				
<b>5TENX22N35Z025455</b>		<b>0072175</b>	<b>4</b>						
INSURED BY:			POLICY NO.:			POLICY EXPIRES			
<b>International Insurance</b>			<b>KMA-05419-S01</b>			<b>08-19-2006</b>			
PRINT NAME & SIGN			TITLE (OWNER OR AUTHORIZED REPRESENTATIVE)				DATE SIGNED		
<b>PARK, HWA-SUN</b> <i>Park Hwa Sun</i>			<b>Owner</b>				<b>01-18-06</b>		

**MOTOR CARRIER SAFETY ASSISTANCE PROGRAM  
DECLARATION FORM**

I, \_\_\_\_\_ (Name of Company Representative) of \_\_\_\_\_ (Company Name) declare knowledge of Public Law 10-11 "Motor Carrier Safety Act," the Federal Motor Carrier Safety Regulations (FMCSR) and the Federal Hazardous Material Regulations (FHRM).

Signature of Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_

01760



Government of the Northern Mariana Islands Department of Public Safety Bureau of Motor Vehicle								REGISTRATION NUMBER R74172
ABR529	09/08/03	3	KIA	SORENTO	5WGN	RED	5624	
KNDJC733235161240				NA		6	5	
OTHER IDENTIFYING CHARACTERISTICS								
INTL INS. PO#KMA05419				EXP: 8/19/04				
REGISTERED OWNER KIM HANG KWON				REGISTERED OWNER (If any)				
ADDRESS P.O. BOX 503448 CHALAN KANOA#3				CITY SAIPAN		STATE MP	ZIP CODE 96950	
SIGNATURE OF REGISTERED OWNER KIM HANG KWON				SIGNATURE OF COMMISSIONER OF PUBLIC SAFETY DESIGNEE Edward A. Flores				
<b>ENDORSEMENTS FOR TRANSFER OF OWNERSHIP - READ CAREFULLY</b> - The registered owner as shown on this Certificate releases interest by signing line 1. The legal owner releases interest by signing line 2. If a person is both legal and registered owner, sign both lines. Purchaser, if dealer, must follow instructions on lines 3 and 4. Purchaser, if not dealer, must follow instructions on lines 5, 6, 7 and 8 and give date of purchase. Line 9 indicate lienholder or legal owner. All signatures must be in ink.								
<b>PART A</b> Release of Ownership of Interest DATE OF RELEASE		<b>PART B</b> Endorsement by Dealer(s) Acquiring Vehicle Through Trade or Purchase Dir. No.		<b>PART C</b> Application for Transfer of Registration to Purchaser Lien Holder		<b>PART D</b> Lienholder or Legal Owner.		
[Signature] [Signature]		Dir. No. Dir. No.		Date of Purchase yes or no If yes, name city		[Signature] [Signature] [Signature] [Signature]		
Immediately after legal owner releases interest, or after any other change in ownership or interest, this Certificate together with the Issued Registration Card must be presented to Department of Public Safety, Bureau of Motor Vehicle for transfer. This intended transfer is incomplete and not valid until new Certificate has been issued.				[Signature] [Signature] [Signature]				

OWNER'S COPY

Rev. (08/

45338

Government of the Northern Mariana Islands Department of Public Safety Bureau of Motor Vehicle								REGISTRATION NUMBER R74172
ABR529	01/20/06	3	KIA	SORENTO	5WGN	RED	5624	
KNDJC733235161240				NA		6	5	
OTHER IDENTIFYING CHARACTERISTICS								
INTL INS. POL#KMA-05419-SO2 EXP: AUG. 19, 2006 DO NOT TRANSFER								
REGISTERED OWNER KIM HANG KWON				REGISTERED OWNER (If any) SEE JUANA ASAP				
ADDRESS P.O. BOX 503448 CHALAN KANOA#3				CITY SAIPAN		STATE MP	ZIP CODE 96950	
SIGNATURE OF REGISTERED OWNER PIL SUN KIM KITAMI				SIGNATURE OF COMMISSIONER OF PUBLIC SAFETY DESIGNEE Gregory F. Castro				
<b>ENDORSEMENTS FOR TRANSFER OF OWNERSHIP - READ CAREFULLY</b> - The registered owner as shown on this Certificate releases interest by signing line 1. The legal owner releases interest by signing line 2. If a person is both legal and registered owner, sign both lines. Purchaser, if dealer, must follow instructions on lines 3 and 4. Purchaser, if not dealer, must follow instructions on lines 5, 6, 7 and 8 and give date of purchase. Line 9 indicate Lienholder or legal owner. All signatures must be in ink.								
<b>PART A</b> Release of Ownership of Interest DATE OF RELEASE		<b>PART B</b> Endorsement by Dealer(s) Acquiring Vehicle Through Trade or Purchase Dir. No.		<b>PART C</b> Application for Transfer of Registration to Purchaser Date of Purchase		<b>PART D</b> Lienholder or Legal Owner.		
[Signature] [Signature]		Dir. No. Dir. No.		yes or no If yes, name city		[Signature] [Signature] [Signature]		
Immediately after legal owner releases interest, or after any other change in ownership or interest, this Certificate together with the Issued Registration Card must be presented to Department of Public Safety, Bureau of Motor Vehicle for transfer. This intended transfer is incomplete and not valid until new Certificate has been issued.				[Signature] [Signature] [Signature]				

BUREAU OF MOTOR VEHICLE'S COPY

01762

Rev. (08/97)



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES**


☒ SAIPAN

☐ TINIAN

☐ ROTA

**VEHICLE REGISTRATION APPLICATION**

**9 CMC, Division 2, Subsection 2101. Registration: Application.**

Every owner of a motor vehicle shall, before operating any such motor vehicle on any highway of the Commonwealth, register it with the Bureau. The application for registration shall be made on the prescribed form, signed by the owner or authorized representative with written authorization.

RENEWAL WITH NO CHANGE: Indicate license plate number only.

HAS THIS VEHICLE BEEN MODIFIED OR CHANGED FROM DESIGN? If yes, explain or furnish an affidavit regarding modification/change: **NO**

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> CNMI GOVERNMENT	DATE: _____
<input checked="" type="checkbox"/> USED	<input type="checkbox"/> TRANSFER	<input checked="" type="checkbox"/> NON-COMMERCIAL	<input type="checkbox"/> U.S. GOVT./U.S. MILITARY	RECEIVED BY: _____
<input checked="" type="checkbox"/> CHANGE OF INFORMATION				RECEIPT NO.: _____

<b>OWNER #1 PLEASE CHECK:</b> ( ) And ( ) Or ( ) Or	
NAME: (Last) (First) (Middle Name) <b>KIM HANG KWON</b>	EMPLOYER: _____
SOCIAL SECURITY NO.: <b>586-92-1274</b>	DATE OF BIRTH: <b>03/23/1955</b>
ADDRESS (RESIDENCE): <b>Chalan Kanoa #3</b>	MAILING ADDRESS: <b>POB 503448</b>
DRIVER'S LICENSE NO.: <b>CNMI #1146-88</b>	CITIZENSHIP: <b>Korea</b>
ETHNIC: <b>Korea</b>	TELEPHONE NO.: <b>235-4321/483-4321</b>

<b>OWNER #2 PLEASE CHECK:</b> ( ) And ( ) Or ( ) Or	
NAME: (Last) (First) (Middle Name)	EMPLOYER
SOCIAL SECURITY NO.	DATE OF BIRTH
ADDRESS (RESIDENCE)	MAILING ADDRESS
DRIVER'S LICENSE NO.	CITIZENSHIP
ETHNIC	TELEPHONE NO.
BUSINESS/COMPANY NAME	BUSINESS LOCATION
MAILING ADDRESS	TELEPHONE NO.

<b>PLEASE CHECK:</b> ( ) LEGAL OWNER (X) LIEN HOLDER
NAME OF LEGAL OWNER OR LIENHOLDER #1: <b>Pil Sun Kim Kitami</b>
ADDRESS: <b>P.O. Box 502879, Saipan, MP 96950</b>
TELEPHONE NO.: <b>322-0440</b>
BUSINESS/COMPANY NAME
ADDRESS
TELEPHONE NO.

<b>VEHICLE INFORMATION</b>		<b>RIGHT HAND DRIVE:</b> Y _____ N _____	
LICENSE PLATE NO.: <b>ABR529</b>	YEAR: <b>2003</b>	MAKE: <b>KIA</b>	MODEL: <b>Sorento</b>
BODY TYPE: <b>5WGN</b>	COLOR: <b>Red</b>	WEIGHT: <b>5624</b>	FUEL: _____
CAPACITY: <b>5</b>			
VEHICLE IDENTIFICATION: <b>KNDJC733235161240</b>	ENGINE NO.: <b>NA</b>	CYLINDERS: <b>6</b>	VEHICLE TYPE: _____
PREVIOUS LICENSE NO. AND STATE: _____			
INSURED BY: <b>International Insurance</b>		POLICY NO.: <b>KMA-05419-S02</b>	POLICY EXPIRES: <b>08-19-2006</b>
PRINT NAME & SIGN: <b>KIM, HANG KWON</b>		TITLE (OWNER OR AUTHORIZED REPRESENTATIVE): <b>Owner</b>	
		DATE SIGNED: <b>01-18-06</b>	

**MOTOR CARRIER SAFETY ASSISTANCE PROGRAM  
DECLARATION FORM**

I, \_\_\_\_\_ (Name of Company Representative) of \_\_\_\_\_ (Company Name) declare knowledge of Public Law 10-11 "Motor Carrier Safety Act," the Federal Motor Carrier Safety Regulations (FMCSR) and the Federal Hazardous Material Regulations (FHMR).

Signature of Company Representative: \_\_\_\_\_

Date: **01763**